**SKILLS PROGRESSION PLAN - SKILL OF FOCUS:**

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| --- | --- | --- | --- |
| **Mentee Name:** | **Mentor Name:** | **Date:** | |
| **ALWAYS:**   * **Wait for speaker’s first pause before you lift up your hands.** * **Think – “O-S-V”.** * **Visualize, Visualize, Visualize!** | | | |
| **MATERIALS NEEDED:** | | | **PROVIDED BY:** |
|  | | | * **Mentor** * **Mentee** * **Mentor** * **Mentee** |
| **TASKS TO BE COMPLETED BY MENTEE:** | | | |
| **Mentor “Office Hours” for this plan:** | | | |
| **Agreed to this date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**  **Mentee’s Signature Mentor’s Signature** | | | |